

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11497-62-044574
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

ST-27764 XC-21 365 150
FILED DEC 7 1962

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | c. CITY OR TOWN AFFTON | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE. | | d. STREET ADDRESS 7926 MENOLA | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|--|-------------------------------------|---|
| 3. NAME OF DECEASED (Type or print) First JOHN Middle J. Last MC LAUGHLIN | | | 4. DATE OF DEATH Month 11 Day 28 Year 62 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1/31/95 | 9. AGE (last birthday) 67 | IF UNDER 1 YEAR Months Days Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - BLACKSMITH | 10b. KIND OF BUSINESS OR INDUSTRY Dairy | 11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI, | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME JOHN MC LAUGHLIN | 13b. MOTHER'S MAIDEN NAME MARY DURKIN | 14. NAME OF HUSBAND OR WIFE THERESA MC LAUGHLIN |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I | 16. SOCIAL SECURITY NO. [REDACTED] | 17. INFORMANT THERESA MC LAUGHLIN (WIDOW) SEE #2 |
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| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: | INTERVAL BETWEEN ONSET AND DEATH |
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| IMMEDIATE CAUSE (a) PNEUMONIA | Interval between onset and death |
| DUE TO (b) ARTERY ON RIGHT | |
| DUE TO (c) ARTERIOSCLEROSIS | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour a.m. p.m. | Month, Day, Year |
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|--|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
|--|--|------------------------------|--------|-------|

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| 21. attended the deceased from 10/29/62 to 11/28/62 and last saw him alive on 11/28/62 |
| Death occurred at 7:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. |

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| 22a. SIGNATURE Carl E. Reine | (Degree or title) M.D. | 22b. ADDRESS VAH, ST. LOUIS, MO. | 22c. DATE SIGNED 11/28/62 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Nov. 30, 1962 | 23c. NAME OF CEMETERY OR CREMATORY National Cemetery | 23d. LOCATION (City, town, or county) Jefferson Barracks, Missouri |
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| 24. FUNERAL DIRECTOR Calvin F. Feutz Funeral Home | ADDRESS 4828 Natural Bridge Blvd. | 25. DATE RECD. BY LOCAL REG. NOV 29 1962 | 26. REGISTRAR'S SIGNATURE Paul Smith M.D. |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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FILED DEC 7 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert E. Mahleman

Licensed Embalmer No. 4916

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.